it, but established *by vision* the absence of the causes which had worried her, and with these disappeared all the subjective conceptions to which these had given place. Why could not the patient spontaneously open her eyes? This the author also explains, not satisfactorily, on the basis of anesthesia and loss of muscular sense. The author thinks his case, when analyzed, shows a state of psychic and somatic deficiency not to be associated with either normal or hypnotic sleep, but to a differentiated state, called vigilambulisme by Sollier. Anesthesia is a primordial phenomenon of hysteria: this it is which dominates all the phenomena of this neurosis. The more complete the anesthesia the more pronounced were these nightmares. Indeed, in a foot note, the writer shows that there has been marked amelioration. The writer's summary is this, that the condition described in this case warrants the conclusion that the phenomena exhibited were the manifestations of a psychic state, created of one piece by the anesthesia.

WOLFSTEIN (Cincinnati.)

## MISCELLANY

RESEARCHES ON THE MOTOR LOCALIZATION IN THE SPINAL CORD. G. Marinesco (La Semaine Médical, July 20, 1904).

The author makes an exhaustive study of spinal centers, with the conclusion that muscles, which possess a common function, are represented by cellular groups, which from an anatomical point of view are centered in a common mass, which experimentation may demonstrate. These centers are superimposed, arranged in the same order as the corresponding muscles. There exists, therefore, in the cord a veritable muscular projection, arranged according to the laws of organic symmetry. The functional groups are combined in a manner which the economy of material and space calls for, and as a result making possible a rapid and useful function.

(W. B. NOYES.)

A CASE OF DISLOCATION OF THE ATLAS. James Hendrie Lloyd (The Amer. Jour. of the Med. Sc., Nov., 1904).

The author reports a case of dislocation of the vertebræ similar to two previous cases reported by him in the JOURNAL OF NERVOUS AND MENTAL DISEASE of February, 1900. The patient, a man, twenty-one years of age, fell from a cart while drunk, striking his left shoulder, the cart wheel passing over the back of his neck. After that time he was unable to turn the head without at the same time rotating the shoulders. Four months later he had another severe fall, striking the back of his head on the pavement. This rendered him unconscious for five minutes, and when he regained consciousness he was unable to move any of his limbs. This paralysis lasted about an half-hour, after which he slowly regained power, first in the legs, then in the right arm, but none returned in the left arm. The patient had a marked deformity in the neck. The head was twisted to one side and slightly rotated, and with the finger on the pharynx the deformity could be felt as a projecting mass on the posterior wall. There was a paralysis of the left arm, not, however, complete, but none of the legs and no involvement of the bladder or rectum. There was a loss of pain and thermic sense on the right side of the body, more marked in the arm and forearm, and also an area of tactile anesthesia in the region of the distribution of the great occipital nerve of the left side. The skiagram shows a displacement of the atlas.

C. D. CAMP.

EXOPHTHALMIC GOITRE, WITH THE REPORT OF A VERY RARE CASE. J. W. Wright (The Columbus Medical Journal, Nov., 1904).

Patient, sixteen years old. At eight years of age protrusion of left eye with nystagmus of both eyes. Defective vision, left eye worse. Three years ago, total blindness of the left eye. Present time, protrusion of both eyes; left worse. Thyroid gland somewhat enlarged. Interesting features of case are age and loss of vision. Cause of blindness due to pressure of compact cellular tissue of orbit upon optic nerve.

J. E. CLARK (New York).

TRAUMATIC HEMORRHAGE OVER THE THIRD ANTERIOR FRONTAL CONVOLUTION; OPERATION; REMOVAL; RECOVERY; REMARKS ON PRESENT STATUS OF BRAIN SURGERY. William C. Krauss (Amer. Jour. of the Med. Sc., Sept., 1904).

The patient received the injury from a fall, striking the right side of the head on the pavement. He was not immediately unconscious; and the next day was, with the exception of bruises, apparently well. Symptoms of serious injury appeared gradually and progressively; headache, vomiting, aphasia and paraphasia, and on the fourth day Jacksonian epilepsy, involving only the right side of the face. A diagnosis of hemorrhage over the left frontal region from *contre-coup* was considered likely, and an operation performed. Three teaspoonfuls of blood clot was removed. Recovery was complete in one month.

C. D. CAMP (Philadelphia).

APHASIA AND THE CEREBRAL ZONE OF SPEECH. Charles K. Mills (Amer. Jour. of the Med. Sc., Sept., 1904).

Dr. Mills presents a series of personal observations demonstrating the existence of the centers of the zone of language. According to this exposition, the auditive center for speech is situated at the junction of the first and second temporal gyres, about opposite the point where the horizontal branch of the Sylvian fissure turns upward posteriorly; the dynamic, or motor speech center, occupies the hinder portion of the subfrontal or third frontal convolution, and, according to the views of the writer, the insula, or, at least, its anterior half; the visual centers immediately concerned with speech are located in the angular gyre; the site of the graphic, or uniting center, is in the caudal half or third of the second frontal convolution, and the naming center is probably situated in the third temporal convolution. These different centers are connected each to the other by a system of to and fro association, so that the impulses from special areas probably pass in both directions. Personal clinico-pathological cases, with necropsies, are given to show the correlations of the zone of language with the motor and sensory spheres of the brain, and also there is adduced the biological principle which is fundamental to our conception of the speech zone and its subdivisions, *i. e.*, that the centers for word-hearing, word-seeing, speech-associations and for writing have developed in the race and in the individual as these functions, or attributes have been added to man's resources for communicating by language with his fellows.

C. D. CAMP (Philadelphia).

THE TREATMENT OF CHRONIC INTERNAL HYDROCEPHALUS BY AUTO DRAINAGE. Alfred S. Taylor (The Amer. Jour. of the Med. Sc., Aug., 1904).

After a review of the literature of the subject the author relates the histories of six cases of operation for the cure of this condition with a mortality of 50 per cent. In only two of the cases was the disease process apparently arrested, and from his experience he draws the conclusion that the only feasible method of treatment is some form of internal or auto-drainage, which must be slow and either permanent or much prolonged; and also that in order to be successful the operation must be brief, must involve the escape of but a small amount of cerebro-spinal fluid, and should be performed early in the disease, before irreparable damage has been done to the brain structure.

C. D. CAMP (Philadelphia).